

NOTES ON SPECIMEN TRANSPORT 1. Transport media is available upon request for clinical specimens and essential for maximum recovery: Routine bacteriology from swabs: Amies or Stuarts transport medium. <u>Bordetella</u> isolation from NP swabs: Regan-Lowe semi-solid transport medium or TSB. Parasitology: PVA and 10% formalin for stool specimens. <u>Mycoplasma</u> – TSB with BSA. <u>Salmonella</u> , <u>Shigella</u> , <u>Campylobacter</u> , <u>Yersinia</u> : Cary-Blair transport medium. Other transport media available by request. 2. For serologic diagnosis, acute and convalescent sera are necessary. A minimum of 2.5 ml of serum or 7.0 ml of clotted blood is required. An approximate 2 week interval is satisfactory between sera collections, with 3 to 4 weeks optimal for <u>Legionella</u> serologic diagnosis. 3. Call (414) 286-3526 for additional information. <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Put specimen in leak-proof container and label with patient's name. Place in plastic bag and attach this form to the outside of the bag.</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> other _____ </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Check either Reference Isolate <u>or</u> Clinical Specimen </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> REFERENCE ISOLATE for identification <small>(submit pure culture only)</small> Indicate suspected genus & species, organism characteristics. </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> CLINICAL SPECIMEN <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> Beta strep screen <input type="checkbox"/> Enteric pathogens* <small>(*Includes Salmonella, Shigella, Campylobacter and Yersinia)</small> </div> <div> <input type="checkbox"/> Ova / parasites <input type="checkbox"/> Legionella </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <input type="checkbox"/> Mycoplasma <input type="checkbox"/> Fungal <input type="checkbox"/> TB </div> </div>
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RESULTS (Do Not Write In This Space)	
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea
<input type="checkbox"/> Cough	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Gastroenteritis
Neurological	Genital
<input type="checkbox"/> Stiff Neck	<input type="checkbox"/> Lesions
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Exudate
<input type="checkbox"/> Encephalitis	<input type="checkbox"/> PID
<input type="checkbox"/> Meningitis	<input type="checkbox"/> Vaginitis
<input type="checkbox"/> Headache	<input type="checkbox"/> Cervicitis / Urethritis
Other Clinical	
<input type="checkbox"/> Fever	<input type="checkbox"/> Ocular
<input type="checkbox"/> Chills	<input type="checkbox"/> Endocarditis
<input type="checkbox"/> Cutaneous	<input type="checkbox"/> Urologic
<input type="checkbox"/> Bacteremic	<input type="checkbox"/> Sexually Transmitted Disease
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Ear

(1) White – Client/Agency
(2) Yellow – Laboratory File
(3) Pink – Accounting